# Some Barriers Persist, But State AIDS Drug Assistance Programs' Challenges Ease Overall: 2017-2023

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## Highlights

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Nearly all of the studied ADAP programmatic challenges have eased to some degree from 2017 to 2023. However, those that persist include high co-payments and co-insurance for HIV medications, limitations in mail order or specialty pharmacy, and client churn to new plans or programs. ADAPs' challenges need to continue to be studied so that targeted interventions (policy, regulations, technical assistance) can be developed.

## Background

**AIDS Drug Assistance Programs (ADAPs)** provide HIV medications and insurance assistance to low-income PWH as part of the Ryan White HIV/AIDS Program's role as payer of last resort. ADAPs support eligible clients through two primary mechanisms: (1) direct purchase and distribution of HIV medications and (2) insurance assistance, including payment of premiums and medication cost-sharing.

**Programmatic Complexities**

The proportion of insured clients served by ADAPs has increased, requiring ADAPs to operate within increasingly complex policy, administrative, and insurance environments. Despite relatively flat RWHAP funding, successful adaption has enabled ADAPs to serve a growing number of clients every year.

**Study Objective**

To examine longitudinal trends in reported challenges from 2017 to 2023 through annual surveys of ADAP leadership across the 50 U.S. States and DC.

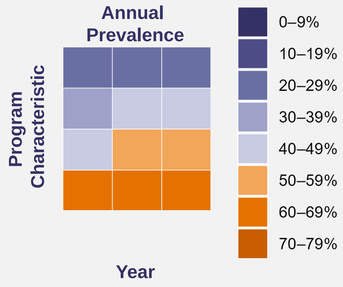
## Methods



NASTAD National ADAP Monitoring Report Survey Data 2017 – 2023



State ADAP leaders respond annually to survey instruments about challenges facing their ADAP. Each program factor is rated on a 3-point Likert scale ("Not Challenging", "Somewhat" and "Very Challenging").




We calculated the annual prevalence of reported challenges ("Somewhat" or "Very") by ADAPs by program characteristic and year

## Results

**Prevalence (%) of Reported ADAP Program Challenges by Domain and Year, 2017-2023**

| Possible Challenges | 2017 N = 51 | 2018 N = 51 | 2019 N = 51 | 2020 * | 2021 N = 46 | 2022 N = 50 | 2023 N = 49 | % Change 2017-2023 |
|---|---|---|---|---|---|---|---|---|
| Access to single tablet regimens (STRs) on plan formularies | 24 | 26 | 24 | | 17 | 6 | 5 | -57% |
| Narrow provider networks that do not include RWHAP providers | 47 | 52 | 51 | | 41 | 36 | 39 | -30% |
| Restrictions on special enrollment period (SEP) eligibility | 63 | 63 | 61 | | 41 | 30 | 41 | -20% |
| Timely and efficient premium payments to plans on behalf of clients | 61 | 63 | 61 | | 57 | 42 | 43 | -18% |
| High-copayments or co-insurance for HIV medications | 53 | 63 | 61 | | 57 | 54 | 55 | +4% |
| Mail order or specialty pharmacy limitations | 77 | 71 | 69 | | 63 | 58 | 61 | -20% |
| Client churn to new plans or programs | 75 | 67 | 65 | | 70 | 64 | 69 | -7% |

** Data were not collected in 2020*

## Discussion

- High medication cost sharing is likely to continue, especially as ARV prices continue to rise.
- Navigating narrow insurance pharmacy networks is a consistent challenge, likely due to some pharmacies' refusal to accept ADAP cost sharing.
- Client churn may become more pronounced as anticipated federal changes to Medicaid are implemented. ADAPs will have to be nimble in absorbing newly uninsured clients into full pay medication programs with limited financial resources.
- Limitations include that while the study period included the COVID-19 pandemic, we did not include tracking pandemic-related challenges for this study.
- **The nature of the identified persistent challenges suggest that insurance policy changes would go a long way in alleviating ADAP program complexity.**

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